

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17118

State File No.

2206

FILED JUN 7 1943

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2030 Benton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary E. Robinson

8. (b) If veteran, name war 2 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 3 years 1862
7. Birth date of deceased June (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 9 If less than one day hr. min.

9. Birthplace Pittsburgh Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name William Bell
13. Birthplace Pennsylvania
14. Maiden name Elizabeth Gilliam
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle F. Shaffer
(b) Address 2030 Benton Blvd.

17. (a) Burial (b) Date thereof 5-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope R.C.K.

18. (a) Signature of funeral director Eads Ben R. R. R. R. R.
(b) Address 1416 Minnesota

19. (a) 5-12-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2030 Benton Blvd. 8
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1943 hour 12:40 minute A. M.

21. I hereby certify that I attended the deceased from May 5, 1943, to May 12, 1943
that I last saw her alive on May 12, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis Duration

Due to Chronic Nephritis

Due to 7 131 B

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature Thomas R. R. R. R. R. (M. D. or other)
Address 214 W. W. W. W. W. W. Date signed 5/12/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City, Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.